

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044421

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1222127

SL-112

11221

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 30 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

17 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VET ADM HOSPITAL

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

DE SOTO

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)

524 N. Main

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

BEN

JARVIS

4. DATE  
OF  
DEATH

Month

Day

Year

NOVEMBER 21 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3/12/89

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Boiler Maker

10b. KIND OF BUSINESS OR INDUSTRY

Mfg

11. BIRTHPLACE (City and state or country)

DE SOTO, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

BILL JARVIS

13b. MOTHER'S MAIDEN NAME

MARY OGLES

14. NAME OF HUSBAND OR WIFE

IRENE JARVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

8 IRENE JARVIS

Address 524 N. Main

De Soto, MO

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF RIGHT LUNG

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

HYPERTENSIVE CARDIOVASCULAR DISEASE

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8:30 PM

to 11-21-62

and last saw him alive on

11-21-62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

DANIEL F. O'SULLIVAN

22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

11-21-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

11/27/62

23c. NAME OF CEMETERY OR CREMATORY

NATIONAL

23d. LOCATION (City, town, or county)

JEFFERSON BARRACK, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

MAHN FUNERAL HOME De Soto, MO

25. DATE RECD. BY LOCAL REG.

NOV 23 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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0250545

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DEC 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4975

P.O. Address Des Moines, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.